

AMENDED IN ASSEMBLY MAY 3, 2000
AMENDED IN ASSEMBLY APRIL 24, 2000

CALIFORNIA LEGISLATURE—1999–2000 REGULAR SESSION

ASSEMBLY BILL

No. 2185

Introduced by Assembly Member Gallegos
(Coauthor: Assembly Member Hertzberg)

February 23, 2000

An act to add Article 6.4 (commencing with Section 124111) to Chapter 3 of Part 2 of Division 106 of the Health and Safety Code, relating to child health.

LEGISLATIVE COUNSEL'S DIGEST

AB 2185, as amended, Gallegos. Eye screening: newborns.

Existing law provides for the newborn and infant hearing screening, tracking, and intervention program.

This bill would establish the Newborn Eye Screening Program that would require the State Department of Health Services, in consultation with representatives of the 14-member Newborn Eye Screening Task Force created by the bill, to establish a protocol for requiring the dilation of the pupil of the eye of a newborn with eye drops as part of a ~~red-reflex~~ *red reflex* screening examination. The bill would specify that this screening examination would not apply to a newborn if a parent or guardian of the newborn objects to the examination on the grounds that the examination conflicts with the religious beliefs or practices of the parent or guardian.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. (a) It is the policy of the State of
2 California to make every effort to detect pediatric
3 congenital ocular abnormalities that lead to premature
4 death, blindness, or vision impairment unless treated
5 soon after birth.

6 (b) The Legislature finds and declares all of the
7 following:

8 (1) Treatable congenital ocular diseases occur more
9 frequently than any other health condition for which
10 newborn screening is currently required. Visually
11 significant congenital cataracts occur as often as one in
12 ~~500~~ 3,000 live births. Retinoblastoma occurs as often as one
13 in ~~15,000~~ 7,000 live births.

14 (2) For the most thorough early diagnosis of treatable
15 ocular diseases and abnormalities, newborn ocular
16 screening should be combined with dilated pupillary
17 screening. The red reflex screen without pupil dilation
18 often produces uninformative results.

19 (3) The dilated pupil examination significantly
20 enhances the detection of congenital abnormalities of the
21 eye which left undetected and untreated may result in
22 blinding or life-threatening diseases or both. Examples of
23 such disorders include retinoblastoma, congenital
24 cataracts, and persistent hyperplastic primary vitreous.
25 Other congenital anomalies including colobomas,
26 vascular retinal anomalies, and congenital retinal folds
27 can be treated with patching of the good eye to prevent
28 dense amblyopia if detected early.

29 (4) Retinoblastoma is a childhood cancer arising in
30 immature retinal cells inside the eye and accounts for
31 approximately 13 percent of all cancers in infants; most
32 children are diagnosed before two and one-half years of
33 age. When retinoblastoma affects both eyes, the average
34 age of diagnosis is 12 months.

(5) A dilated pupil examination ~~by a neonatal nurse, a primary care physician, or other authorized health care provider~~ during the neonatal period would facilitate detection of any abnormal disease process inside the eye of the newborn. An abnormal screen will facilitate timely referral to an ophthalmologist or ~~optometrists~~ *optometrist* for diagnosis and to an ophthalmologist for treatment.

(6) Early detection and referral of an abnormal red reflex pupillary screen would allow early diagnosis which, if recognized and treated as soon as possible after birth, could cause little long-term disability.

(7) Early diagnosis and intervention can reduce the number of visually impaired citizens, and reduce the amount of public expenditures for health care, special education, and related services.

(8) The costs in time and supplies for the pupillary dilation test is negligible.

SEC. 2. Article 6.4 (commencing with Section 124111) is added to Chapter 3 of Part 2 of Division 106 of the Health and Safety Code, to read:

Article 6.4. Newborn Eye Screening Program

124111. This article shall be known, and may be cited, as the Newborn Eye Screening Program.

124111.2. (a) The Newborn Eye Screening Task Force is established and shall advise the State Department of Health Services on the Newborn Eye Screening Program.

(b) The task force shall be composed of the following 14 members:

(1) The Director of Health Services as a nonvoting ex officio member.

(2) The 13 voting members shall be appointed by the Governor as follows:

(A) Two ophthalmologists with a background in or knowledge of providing services to infants with retinoblastoma.

(B) One general pediatric ophthalmologist.

- 1 (C) One pediatrician-neonatologist with a
2 background in or knowledge of infant eye screening.
- 3 (D) Two parents representing two families with a
4 child with blindness or other ocular abnormalities
5 affecting vision.
- 6 (E) One representative of a hospital that provides
7 infant eye screening.
- 8 (F) One representative recommended by the State
9 Department of Health Services.
- 10 (G) One representative from the California Academy
11 of Pediatrics.
- 12 (H) One community pediatrician with a background
13 in or experience with the routine instillation of dilating
14 eye drops as part of red reflex screening.
- 15 (I) One general ophthalmologist with a background in
16 children's eye diseases.
- 17 (J) One neonatal nurse with a background in or
18 knowledge of the current department program for the
19 instillation of eye drops to prevent conjunctivitis.
- 20 (K) One optometrist with a background in or
21 experience with pupil dilation in children and red reflex
22 screening for intraocular pathology.
- 23 (c) (1) On or before January 1, 2002, the department,
24 in consultation with representatives of the Newborn Eye
25 Screening Task Force, shall establish a protocol for
26 requiring the dilation of the pupil of the eye of a newborn
27 with eye drops as part of a ~~red-reflex~~ *red reflex* screening
28 examination.
- 29 (2) The screening examination specified in paragraph
30 (1) shall not apply to a newborn if a parent or guardian
31 of the newborn objects to the examination on the grounds
32 that the examination conflicts with the religious beliefs or
33 practices of the parent or guardian.

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